MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER: 1211869378 23

REGISTRATION TRACKING NUMBER: 916323286203

INSTRUCTIONS

1. Accomplish this form in one (1) copy only. If registration is thru online, the form should be printed back to back on one single sheet of paper.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. All fields which are marked with asterisk (*) are mandatory.
4. On the "OCCUPATIONAL STATUS" portion, if without employment or purpose is pre-employment or never been employed, select "UNEMPLOYED/NOT YET EMPLOYED".
5. The "NAME EXTENSION" shall refer to JR., II, III and the like.
6. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
7. On the "OCCUPATION" portion, indicate occupation based on the List of Occupation, as provided in the Philippine Standard Occupational Classification (PSOC).
8. On the "HEIRS" portion, the provision on the Laws on Succession, as provided in the New Civil Code of the Philippines, as amended by the New Family Code, shall be observed.
9. For any subsequent change of information, please secure and accomplish Member's Change of Information Form (MCIF, HQP-PFF-049) and submit to the concerned Pag-IBIG Branch.

***OCCUPATIONAL STATUS** ☒ EMPLOYED ☐ UNEMPLOYED/ NOT YET EMPLOYED

***MEMBERSHIP CATEGORY**

MANDATORY
☒ EMPLOYED PRIVATE ☐ EMPLOYED GOVERNMENT ☐ OVERSEAS FILIPINO WORKER (OFW) ☐ SELF-EMPLOYED (SE)

VOLUNTARY
EMPLOYED
☐ EMPLOYED FOREIGN GOVERNMENT
☐ BARANGAY OFFICIAL/EMPLOYEE

INDIVIDUAL PAYOR (IP)
☐ NON-WORKING SPOUSE
☐ MEMBER OF RELIGIOUS GROUP
☐ PENSIONER/INVESTOR/LESSOR
☐ MEMBER OF COOPERATIVE/TRADE UNION
☐ OTHERS *Please specify* _____

	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
***MEMBER**	ALMONIA	NICO		ARMERO	☐
FATHER	ALMONIA	EMMANUEL		ABACAHIN	☐
***MOTHER** *(Maiden Name)*	ALMONIA	ELIZABETH		ARMERO	☐
***SPOUSE** *(If Married)*					☐
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	ALMONIA	NICO		ARMERO	☐

*DATE OF BIRTH: 08 31 1997 (mm dd yyyy)

*MARITAL STATUS: ☒ Single/Unmarried ☐ Married ☐ Widow/er ☐ Legally Separated ☐ Annulled

TAXPAYER IDENTIFICATION NUMBER (TIN):

*PLACE OF BIRTH *(City/Municipality/Province/Country)* *(Please indicate country if born outside the Philippines)*: TAMBULIG, ZAMBOANGA DEL SUR

*CITIZENSHIP: FILIPINO

SSS/GSIS NUMBER:

*SEX: ☒ Male ☐ Female

HEIGHT: 170.68 (cm)

WEIGHT: 72 (kg)

PROMINENT DISTINGUISHING FACIAL FEATURES *(Ex. Moles, Scars, etc.)*:

EMPLOYEE NUMBER:

COMMON REFERENCE NUMBER (CRN) *(If Available)*:

FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT *(If payment of MS is not thru payroll deduction)*: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

For AFP/PNP Employee, Serial/Badge No.:

For DepEd Employee, Division Code-Station Code:

ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS
Unit/Room No., Floor | Building Name | Lot No., Block No., Phase No. House No | Street Name | Subdivision
Barangay: TABOK | Municipality/City: MANDAUE CITY | Province/State/Country *(if abroad)*: CEBU | ZIP Code: 6014

*PRESENT HOME ADDRESS
Unit/Room No., Floor | Building Name | Lot No., Block No., Phase No. House No | Street Name | Subdivision
Barangay: TABOK | Municipality/City: MANDAUE CITY | Province/State/Country *(if abroad)*: CEBU | ZIP Code: 6014

*PREFERRED MAILING ADDRESS
☒ Present Home Address ☐ Permanent Home Address ☐ Employer/Business Address

(Indicate country code if abroad)
COUNTRY + AREA CODE *TELEPHONE NUMBER*

Home: ____ ____

Cell Phone: 0933 5039060

Business (Direct Line): ____ ____

Business (Trunk Line): ____ ____ Local: ____

Email Address: erichanaub@gmail.com

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.